

**ELECTRONIC PRIOR CLAIMS SYSTEM**  
**ACCESS AGREEMENT**

The purpose of this agreement is to provide access for an insurer, or the designated agent for an insurer, to current and prior workers' compensation claim information held in the Division's workers' compensation database when the insurer is alleged to be at risk on a claim, or when the insurer is conducting a fraud investigation on a particular claim.

In consideration of obtaining direct access to certain claim information from the Division, per 39-71-225 MCA, the insurer and/or designated agent agree(s) to the following:

1. The information obtained from this workers' compensation database must remain confidential and may not be disclosed to any third party except to the extent necessary for determining claim liability or fraud investigation. Users of information obtained from the workers' compensation database are liable for damages arising from misuse or unlawful dissemination of database information.
2. Claim history information is limited to: claimant's name; claimant's identification number; prior claim number; date of injury; body part involved; and name and address of the insurer and claim adjuster on each claim filed by that claimant as shown in the Montana workers' compensation database system.
3. This agreement will commence with the Division's assignment of a unique login identification and password to the individual identified by the insurer on this agreement. The login identification and password must not be written down where they can be found by unauthorized persons and they must not be shared with other individuals. Insurers will notify the Division if the individual no longer needs access to the Electronic Prior Claims System.
4. The insurer and its agent understand it is their responsibility to notify the Division when they acquire new accounts or are no longer responsible for adjusting a claim or claims.
5. Due to the very nature of technology, the Division implies no guarantee that this system will be accessible 100 percent of the time.
6. Information from this database contains information on workers' compensation claims reported to the State of Montana with an injury date later than July 1, 1981. This information is shown as it was reported to the Division. Workers may have claims in other states. This information is updated nightly Monday through Friday.

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7. The insurer authorizes the below designated agent to be its representative for the purpose of obtaining information from the Montana workers' compensation database.

Designated agent profile:

Name of firm	_____
Representative	_____
Phone number	_____
Fax number	_____
E-mail address	_____
Mailing address	_____
	_____
	_____

8. This agreement may not be modified or terminated except by the written agreement, with the insurer or Division giving at least fourteen days written notice to the other party.

Insurer profile:

Name of firm	_____
Carrier FEIN	_____
Name of contact	_____
Phone number	_____
Fax number	_____
E-mail address	_____
Mailing address	_____
	_____
	_____

The insurer has executed this Agreement as dated below:

\_\_\_\_\_  
Insurer

\_\_\_\_\_  
Date

**Division Use Only**

The Internet URL address for obtaining this information is: <http://erd.dli.state.mt.us/wcclaims/priorclaim.asp>

Login Identification: \_\_\_\_\_

Password: \_\_\_\_\_

Division Automation Manager: \_\_\_\_\_

Date: \_\_\_\_\_